



STATE AND SCHOOL
EMPLOYEES'

Life

AND

Health
PLAN

Know Your Benefits

Have you completed your Health Risk Assessment?

In January 2007, the State and School Employees' Health Insurance Plan launched a new health and wellness program called *Motivating Mississippi – Keys to Living Healthy*. As a part of this program, you can complete your personal Health Risk Assessment (HRA) and get an extra \$50 in wellness benefits. After you complete your HRA, you will receive a personalized wellness plan, as well as access to ongoing educational materials tailored to your unique health situation. Completing your HRA can help you find out how nutrition, weight, physical activity, stress and smoking affect your health. Based on the results of your HRA, you may be referred to a personal wellness coach who can help guide you through all the tools and services available to address issues related to smoking, stress, nutrition, and/or weight management.

To access *Motivating Mississippi—Keys to Living Healthy* and your HRA, please visit <http://www.healthytogether.net/mississippi>, and follow the onscreen instructions. If you don't have access to the internet, or if you have questions about this program, please call 1-877-289-9109 for assistance.

Who's Your Beneficiary?

Do you have life insurance coverage in the State and School Employees' Life Insurance Plan? If so, you need to make sure that you let us know who you want as your life insurance beneficiary. Otherwise, any benefits that become due will be paid to your estate. If it's been a while since you designated your life insurance beneficiary, or if you've had significant changes in your life recently, you may want to review and consider updating your beneficiary designation. To update and/or change a beneficiary designation, you will need to complete a life insurance *Enrollment/Change Request Form*, and submit it to your Human Resource/Personnel office or, if you are a retiree, send it directly to Blue Cross & Blue Shield of Mississippi (BCBSMS) at P.O. Box 23071 Jackson, MS 39225-3071. Life insurance forms are available from your employer, from BCBSMS, from the DFA-Office of Insurance, or may be accessed online at <http://knowyourbenefits.dfa.state.ms.us>.

Retiree Coverage Checklist

Are you getting ready to retire? Do you want to continue your health and life insurance coverage as a retiree? If so, don't forget to:

- ✓ Complete a health insurance *Application for Coverage* form and a life insurance *Enrollment/Change Request Form*
- ✓ Write a check or money order payable to the **State/School Insurance Fund** for your 1st month's premium
- ✓ Make a copy of your final *Estimate of Benefits* provided by the Public Employees' Retirement System (PERS)
- ✓ Make a copy of your PERS disability approval letter (if applicable)
- ✓ Send all of these documents to your employer's Human Resource/Personnel office 31 days prior to your retirement date to make sure you do not have a lapse of coverage

Remember, you must apply within 31 days of losing coverage as an employee to be eligible to continue coverage as a retiree.

STATE AND SCHOOL EMPLOYEES' HEALTH INSURANCE PLAN PREMIUM RATES

Effective July 1, 2007

LEGACY EMPLOYEES

(INITIALLY HIRED BEFORE 1/1/2006)

COVERAGE TYPE

	BASE (High Deductible)		SELECT	
	TOTAL	EMPLOYEE	TOTAL	EMPLOYEE
ACTIVE*				
Employee*	\$338	\$0	\$356	\$0
Employee + Spouse	\$672	\$334	\$735	\$379
Employee + Spouse & Child(ren)	\$848	\$510	\$911	\$555
Employee + Child	\$426	\$88	\$489	\$133
Employee + Children	\$560	\$222	\$623	\$267
RETIRED EMPLOYEE < 65 and NON-MEDICARE ELIGIBLE				
Retiree		\$388		\$409
Retiree + Spouse (Non-Medicare)		\$772		\$845
Retiree + Spouse & Child(ren) (Non-Medicare)		\$975		\$1,047
Retiree + Child		\$489		\$542
Retiree + Children		\$644		\$676
Retiree + Spouse (Medicare)		N/A		\$569
Retiree + Spouse & Child(ren) (One or more Medicare)		N/A		\$702
DISABLED RETIREE < 65 and NON-MEDICARE ELIGIBLE				
Retiree		\$388		\$409
Retiree + Spouse (Non-Medicare)		\$772		\$845
Retiree + Spouse & Child(ren) (Non-Medicare)		\$975		\$1,047
Retiree + Child		\$489		\$542
Retiree + Children		\$644		\$676
Retiree + Spouse (Medicare)		N/A		\$569
Retiree + Spouse & Child(ren) (One or more Medicare)		N/A		\$702
DISABLED RETIREE < 65 and MEDICARE ELIGIBLE				
Retiree		N/A		\$160
Retiree + Spouse (Non-Medicare)		N/A		\$596
Retiree + Spouse & Child(ren) (Non-Medicare)		N/A		\$798
Retiree + Child		N/A		\$293
Retiree + Children		N/A		\$427
Retiree + Spouse (Medicare)		N/A		\$320
Retiree + Spouse & Child(ren) (One or more Medicare)		N/A		\$453
RETIRED EMPLOYEE > or = 65 and MEDICARE ELIGIBLE				
Retiree		N/A		\$160
Retiree + Spouse (Non-Medicare)		N/A		\$596
Retiree + Spouse & Child(ren) (Non-Medicare)		N/A		\$798
Retiree + Child		N/A		\$293
Retiree + Children		N/A		\$427
Retiree + Spouse (Medicare)		N/A		\$320
Retiree + Spouse & Child(ren) (One or more Medicare)		N/A		\$453
RETIRED NON-MEDICARE MARRIED TO ACTIVE				
Retiree		\$361		\$379
Retiree + Child		\$449		\$512
Retiree + Children		\$583		\$646

* The State pays 100% of the Legacy employee's premium for Base (\$338) or Select (\$356) coverage.

STATE AND SCHOOL EMPLOYEES' HEALTH INSURANCE PLAN PREMIUM RATES

Effective July 1, 2007

HORIZON EMPLOYEES

(INITIALLY HIRED ON OR AFTER 1/1/2006)

	COVERAGE TYPE			
	BASE (High Deductible)	SELECT		
	TOTAL	EMPLOYEE	TOTAL	EMPLOYEE
ACTIVE*				
Employee*	\$338	\$0	\$356	\$18
Employee + Spouse	\$672	\$334	\$735	\$397
Employee + Spouse & Child(ren)	\$848	\$510	\$911	\$573
Employee + Child	\$426	\$88	\$489	\$151
Employee + Children	\$560	\$222	\$623	\$285

RETIRED EMPLOYEE < 65 and NON-MEDICARE ELIGIBLE				
Retiree		\$566		\$587
Retiree + Spouse (Non-Medicare)		\$1,128		\$1,201
Retiree + Spouse & Child(ren) (Non-Medicare)		\$1,261		\$1,334
Retiree + Child		\$647		\$720
Retiree + Children		\$781		\$854
Retiree + Spouse (Medicare)		N/A		\$747
Retiree + Spouse & Child(ren) (One or more Medicare)		N/A		\$880

DISABLED RETIREE < 65 and NON-MEDICARE ELIGIBLE				
Retiree		\$566		\$587
Retiree + Spouse (Non-Medicare)		\$1,128		\$1,201
Retiree + Spouse & Child(ren) (Non-Medicare)		\$1,261		\$1,334
Retiree + Child		\$647		\$720
Retiree + Children		\$781		\$854
Retiree + Spouse (Medicare)		N/A		\$747
Retiree + Spouse & Child(ren) (One or more Medicare)		N/A		\$880

DISABLED RETIREE < 65 and MEDICARE ELIGIBLE				
Retiree		N/A		\$160
Retiree + Spouse (Non-Medicare)		N/A		\$774
Retiree + Spouse & Child(ren) (Non-Medicare)		N/A		\$907
Retiree + Child		N/A		\$293
Retiree + Children		N/A		\$427
Retiree + Spouse (Medicare)		N/A		\$320
Retiree + Spouse & Child(ren) (One or more Medicare)		N/A		\$453

RETIRED EMPLOYEE > or = 65 and MEDICARE ELIGIBLE				
Retiree		N/A		\$160
Retiree + Spouse (Non-Medicare)		N/A		\$774
Retiree + Spouse & Child(ren) (Non-Medicare)		N/A		\$907
Retiree + Child		N/A		\$293
Retiree + Children		N/A		\$427
Retiree + Spouse (Medicare)		N/A		\$320
Retiree + Spouse & Child(ren) (One or more Medicare)		N/A		\$453

RETIRED NON-MEDICARE MARRIED TO ACTIVE				
Retiree		\$361		\$379
Retiree + Child		\$449		\$512
Retiree + Children		\$583		\$646

* The State pays 100% (\$338) of the Horizon employee's premium for Base coverage. For Select coverage, the State pays \$338 of the Horizon employee's total (\$356) premium.

STATE OF MISSISSIPPI
DEPARTMENT OF FINANCE AND ADMINISTRATION
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STATE AND SCHOOL EMPLOYEES' HEALTH INSURANCE PLAN
PREMIUM RATES
Effective July 1, 2007

COBRA ENROLLEES

(Legacy and Horizon)

COVERAGE TYPE

BASE (High Deductible)

SELECT

COBRA

Participant	\$344	\$363
Participant + Spouse	\$685	\$749
Participant + Spouse & Child(ren)	\$864	\$929
Participant + Child	\$434	\$498
Participant + Children	\$571	\$635

COBRA DISABILITY EXTENSION

Participant	\$507	\$534
Participant + Spouse	\$1,008	\$1,102
Participant + Spouse & Child(ren)	\$1,272	\$1,366
Participant + Child	\$639	\$733
Participant + Children	\$840	\$934